

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|------------|------------------------|------------|------------------------|------------|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
| 2 | 1 | | | | | |
| 3 | 2 | | | | | |
| 4 | 2 | | | | | |
| 5 | 1 | | | | | |
| 6 | 2 | | | | | |
| 7 | 1 | | | | | |
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| 9 | 1 | | | | | |
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| TOTAL DEP. | 14 | ↔ | ↔ | ↔ | | |
| TOTAL CLAIMS | 16 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| CLAIMS | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | ↔ | ↔ | ↔ | | |
| TOTAL CLAIMS | | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |